U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, of civil penalties as provided by 29 U.S.C 439 or 440.

	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 8360	2. Fiscal Year Covered From:			
	01/01/04 Through: 12/31/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Robert E Swider	Name ROOFEIS LOCAL 96			
	Labor Organization File Number 048/70			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 312 CENTRAL AUE	Street 3/2 CENTRAL AVE.			
City Minneapolis	City MINN-EApolis			
State	State ZIP Code + 4			
5. Position in labor organization.	STREEDSE (SESARMANTIA CONTRACT)			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name	A THE DESCRIPTION OF THE PROPERTY OF THE PROPE			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
Silect				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Robert Swider	aion on penalities in the instructions.)			

lately.

Name of Person Filling (66 er 1 E, 5 N 1 d er	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	generatives;			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.	Some control designation and control control control control and control and control control and control and control contr		
State ZIP Code + 4		rentra demissión e e frió tendamente en entre entre topomente en procumento agamenta procupa en entre en entre En entre en		
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		CONTRACTOR		
		distribution of the state of th		
	12.b. Amount.			
		Врешьения в часты в настране по поставля в править в него метито по поставляють		
C. Received from any employer (other than an employer covered under parts A and B above) Junium any labor relations consultant to an employer any payment of money or other thing of value.				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment. Holidary PARTY / Di	no no ex-		
Name Sieber, GRose Vou Holtung Cary Ltd.	The country of the state of the			
Trade Name, if any:		th and all converses		
P.O. Box, Bldg., Room No., if any				
Street 900 Midwest PlAZA EBldg		WOOD AND THE COURT OF THE COURT		
City Minneapolis		degradaceasta		
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$40.00		